



STATE OF DELAWARE
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF MOTOR VEHICLES
PO Box 698 Dover, Delaware 19903-0698
IGNITION INTERLOCK PROGRAM APPLICATION

Application Date: _____

APPLICANT INFORMATION:

Name: _____ Date of Birth: _____
Address: _____ Driver License Number: _____
City: _____ State: _____ Zip: _____
Work/Day Phone Number: _____ Home Phone Number: _____

VEHICLE INFORMATION:

Vehicle Identification Number (VIN): _____
Make: _____ Vehicle Registration (tag) number: _____
Model: _____ Year: _____ Expiration: _____
Owners Name: _____ Co-Owners Name: _____
Address: _____ City: _____ State: _____ Zip: _____

***This is to certify that I/we give permission for the applicant to drive the above listed
Vehicle and to have the Ignition Interlock Device installed on the vehicle.***

Signature of Vehicle Owner _____ Date _____ Signature of Co-owner _____ Date _____

DMV Witness or Notary Signature _____ Date _____ DMV Witness or Notary Signature _____ Date _____

The signature(s) of all vehicle owners must be signed on this application.

INSURANCE INFORMATION:

Insurance Company: _____ Policy #: _____
Agent: _____ Phone #: _____ Expiration: _____

**Proof of insurance MUST be shown at time application is filed with this Division.
If the applicant is NOT the owner of this vehicle a letter MUST accompany this
Application from the insurance agent that the applicant will be insured on the
Policy number referenced above and is authorized to drive the above listed vehicle.**

I certify that I have met the requirements specified in 21 Del. C. §4177 F including enrollment in an alcohol education and/or treatment program. I further certify that I have received a copy of the Conditions of Participation specified in 21 Del. C. § 4177 F (h). I will abide by these conditions and understand that failure to abide by these conditions will result in termination from the program and loss of all driving privileges for the complete duration of the revocation period.

Signature of Applicant _____ Date _____ DMV Witness or Notary Signature _____ Date _____

Submit this completed application along with valid insurance documentation to the



Division of Motor Vehicles to be approved for installation of the Ignition Interlock Device. Make sure all signatures are notarized if not being signed in a Division office.

Form #: 99IIDAPP

Document No. 45-01-40-96-10-01

STATE OF DELAWARE
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF MOTOR VEHICLES
PO Box 698 Dover, Delaware 19903-0698
IGNITION INTERLOCK PROGRAM
Participant Requirements

The Ignition Interlock Device (IID) Program is authorized by 21 Del. C. §4177 F. The following are conditions of the program as specified in 21 Del. C. §4177 F (h). Each participant is required to abide by these conditions through the duration of the program.

A participant shall be disqualified from further participation in the IID program for failure to comply with any of the following:

1. The participant shall abide by the terms of the offender's lease with the service provider as approved by the Division of Motor Vehicles.
2. The participant shall be driven to the service provider by a licensed driver for installation of the IID equipment.
3. The participant shall not operate a vehicle without an approved device, nor shall the participant operate a vehicle without being in possession of the specially marked IID license.
4. The participant shall comply with Division of Motor Vehicle regulations concerning IID license restrictions.
5. The participant shall not attempt, nor allow or cause an attempt to bypass, tamper with, disable or remove the IID or its wires in connection.
6. The participant shall not cause nor allow another individual to bypass or attempt to bypass the device.
7. The participant shall not attempt to operate a motor vehicle while under the influence of any amount of alcohol.
8. The participant shall not fail to or refuse to take random re-test provided by the device.
9. The participant shall not violate any section of this title relating to the use, possession or consumption of alcohol, or intoxicating substances.
10. The participant shall not fail to pay any and all fines whatsoever assessed during participation in the program pursuant to this title.
11. The participant shall accumulate no more than 5 points per year while participating in the program.
12. The participant shall continue to meet all eligibility criteria identified in subsection (d) of this section, and specifically, shall successfully complete the course of instruction and/or program of rehabilitation referred to in item (2) of subsection (d) of this section.
13. The participant shall provide satisfactory proof to the Division of Motor Vehicles that an approved IID has been installed.
14. The participant shall comply with any participation regulations implemented by the Division of Motor Vehicles pursuant to this paragraph.

Non-compliance with the above listed requirements will automatically disqualify participant from program.

Non-compliance may also include: Failure to keep scheduled monitoring appointments, repeated lockouts, unauthorized power disconnects, failure to respond to Division inquiries into program participation, and failure to maintain valid insurance coverage on the vehicle.

I certify that I have read the Conditions of Participation specified in 21 Del. C. § 4177 F (h). I will abide by these conditions and understand that failure to abide by these conditions will result in termination from the program and loss of all driving privileges for the complete duration of the revocation period.

Signature of Offender

Date

Signature of Division of Motor Vehicles Personnel

Date